

CREW POSITIONS ONLY

SUPPLEMENT TO DIRECT HIRE APPLICATION

BULLETIN NUMBER: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

POSITION NUMBER: _____ POSITION APPLYING FOR: _____

1. Are you age 18 or over: Yes ____ No ____

2. Maine Driver's License class and number: _____

3. Does your license have any restrictions? Yes ____ No ____ (If yes, describe)

4. List the type of equipment you have operated and years of experience.

EQUIPMENT	FOR HOW LONG?

5. I will work any hours or any time, and any day of the week including holidays as required of me. **Yes No**

6. I can provide transportation to and from the place of work. **Yes No**

7. I will accept temporary assignment statewide to maintain DOT efficiency. **Yes No**

8. I will install a telephone at home, if required to do so. **Yes No**

9. I understand that I may have a different summer and winter headquarters. **Yes No**

10. I will take a State-paid medical examination and DOT operator's certification examination. **Yes No**

11. I will wear a hard hat, safety shoes, vest and other safety items as required. **Yes No**

I hereby certify that this supplement is true and complete to the best of my knowledge. I understand that for any misstatements, I may be ineligible for employment and may be dismissed if already hired.

SIGNATURE: _____ DATE: _____